

**ACTIVE EMPLOYEES MEDICAL PLAN  
UNITED HEALTHCARE PPO-N PLAN  
CALENDAR YEAR 2006**

BENEFITS	United Healthcare PPO-N 2006
Annual Out-of-Pocket Maximum	<i>In Network:</i> \$1,250/\$2,500 <i>Out-of-Network:</i> \$3,500/\$7,000
Deductible – In-Network Deductible – Out-of-Network	<i>In Network:</i> \$300/\$500 <i>Out-of-Network:</i> \$400/\$700
Coinsurance – In Network Coinsurance – Out-of-Network	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
Office Visit/Urgent Care	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
Preventive care	<i>In Network:</i> 100% <i>Out-of-Network:</i> 60%/40%
Lab & X-Ray Services	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
Chiropractic Care	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%  Visits: 20-visit limit per year, In and Out-of-Network combined.
Prescription Drugs	Express Scripts, Inc <u>Retail</u> (30 day supply): \$7 generic / \$25 brand name preferred/ \$40 brand name, non-preferred. No deductible.  <u>Mail Order</u> (90-day supply): \$14 / \$50 / \$80. No deductible.
Inpatient Hospital	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
Outpatient Hospital	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
Maternity Services	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%

Note: Deductibles apply to all services unless otherwise stated or Plan does not have a deductible. This is a brief Comparison only; not the contract. For more detailed information, please refer to the Summary Plan Description (SPD).

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<b>BENEFITS</b>	<b>United Healthcare PPO-N 2006</b>
<b>Emergency Room Care (Hospital)</b>	\$75 co-pay per visit, plus 80%/20%
<b>Ambulance</b>	80%/20%
<b>Durable Medical Equipment and Supplies</b>	<i>In Network:</i> 80%/20% <i>Out-of-Network:</i> 60%/40%
<b>Rehabilitation Services</b>	<i>In Network:</i> <u>Outpatient:</u> 80%/20% Visits: Up to 30 visits per condition per year (20 for cardiac and pulmonary).  <u>Inpatient:</u> 80%/20% Visits: 60 <u>days</u> per condition per year.  <i>Out-of-Network:</i> <u>Outpatient:</u> 60%/40% Visits: Up to 30 visits per condition per year (20 for cardiac and pulmonary).  <u>Inpatient:</u> 60%/40% Visits: 60 <u>days</u> per condition per year.
<b>Mental Health Services</b>  <u>Outpatient</u>  -----  <u>Inpatient</u>	<i>In Network:</i> \$15 individual/ \$5 group Visits: 60-visit limit <i>Out-of-Network:</i> 50% coinsurance Visits: 25-visit limit  <i>In Network:</i> 100% paid Visits: 60 <u>days</u> per year  <i>Out-of-Network:</i> 50% substance abuse, up to \$5,000 per year.  Mental health: 40% up to 20 days per calendar year.

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Chemical Dependency	<u>Outpatient:</u> <i>In Network:</i> \$ 15 individual; \$ 5 group Visits: Maximum of 60 visits per year. <i>Out-of-Network:</i> 50% substance abuse. Visits: Up to 25 visits per year.  <u>Inpatient:</u> <i>In Network:</i> 100%/0% Visits: 60 <u>days</u> per year. <i>Out-of-Network:</i> 50% Visits: 20 <u>days</u> per year; maximum \$5,000 per year.																		
Vision Exam	<i>In Network:</i>	<u>Spectera Vision</u> Annual exam: \$10 co-pay  <i>Out-of-Network:</i> <u>Spectera-provided reimbursement</u> Exam annually. 85% of reasonable and customary charges. Maximum reimbursement in a calendar year is \$150 for exam and hardware combined.																	
Optical Hardware	<i>In Network:</i>	<u>Spectera Vision</u> Lenses every 12 months, \$10 co-pay Frames every 24 months  <i>Out-of-Network:</i> <u>Spectera-provided reimbursement</u> Frames and lenses every other Year. Up to \$150 total (including exam).																	
Employee Cost Share	<table><tr><td></td><td><u>Weekly</u></td><td><u>Bi Weekly</u></td><td><u>Monthly</u></td></tr><tr><td>Employee, only</td><td>\$ 20.80</td><td>\$ 41.61</td><td>\$ 90.15</td></tr><tr><td>Employee + one</td><td>\$ 40.53</td><td>\$ 81.07</td><td>\$ 175.65</td></tr><tr><td>Employee + &gt; one</td><td>\$ 58.29</td><td>\$116.58</td><td>\$ 252.60</td></tr></table>				<u>Weekly</u>	<u>Bi Weekly</u>	<u>Monthly</u>	Employee, only	\$ 20.80	\$ 41.61	\$ 90.15	Employee + one	\$ 40.53	\$ 81.07	\$ 175.65	Employee + > one	\$ 58.29	\$116.58	\$ 252.60
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HEWT Cost	<table><tr><td></td><td><u>Actual Cost Less Contribution</u></td></tr><tr><td>Employee only</td><td>\$ 510.85</td></tr><tr><td>Employee + one</td><td>\$ 995.31</td></tr><tr><td>Employee + &gt; one</td><td>\$1,431.46</td></tr></table>				<u>Actual Cost Less Contribution</u>	Employee only	\$ 510.85	Employee + one	\$ 995.31	Employee + > one	\$1,431.46								
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Employee cost shares will be at 15% of the actual premium rates in 2006.

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